

and (4) impaired coupling between insulin binding and action. Hence, they now conclude that the mechanism of insulin antagonism in these patients is primarily due to a postreceptor defect.

These more recent data shift the evidence even more strongly to favor the view that a postreceptor defect characterizes patients with even mild type II diabetes mellitus.

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REFERENCES

1. Davidson MB: Pathogenesis of impaired glucose tolerance and type II diabetes mellitus—Current status (Medical Progress). *West J Med* 1985 Feb; 142:219-229
2. Rizza RA, Mandarino LJ, Gerich JE: Mechanism and significance of insulin resistance in non-insulin-dependent diabetes mellitus. *Diabetes* 1981; 30:990-995
3. Mandarino LJ, Campbell PJ, Gottesman IS, et al: Abnormal coupling of insulin receptor binding in noninsulin-dependent diabetes. *Am J Physiol* 1984; 247:E688-E692

Cinnamon Oil Burn

TO THE EDITOR: Recently an 11-year-old boy, a sixth grade student of apparently normal intelligence, presented at the University of New Mexico pediatrics clinic with a 10 by 12 cm second degree burn on his posterior thigh. This blistered area was surrounded by a 3 to 4 cm first degree burn. The injury was the result of a cinnamon oil spill from a broken vial in his rear pants pocket. The area had remained unwashed for 48 hours, and smelled strongly of cinnamon.

In reviewing the literature and contacting Poisindex Information System, I was able to find no previous report of such an incident. It has long been known that cinnamon oil contains many irritants, cinnamaldehyde being the most strongly implicated. The oil is known to irritate mucous membranes, skin and gastrointestinal tract, as well as cause hypersensitivity reactions.

The fact that it can also burn under certain circumstances may be of importance in the Southwest. It is a common practice among school children in this part of America to soak toothpicks in cinnamon oil obtainable from drugstores and supermarkets. The toothpicks are then chewed for the flavor.

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Protective Helmets for Infants and Children on Bicycles

TO THE EDITOR: The correspondence from Drs James, Buchta and Stein¹ in the March issue draws proper conclusions from improper data. They point out that 78% of bicycle fatalities occur in children but fail to indicate what percentage of bicycle riders are children.

Their plea is for the use of specially designed helmets that protect infants and toddlers (one must presume the child to be riding behind a parent in an infant seat). However, they gave no statistics concerning the scope of the problem in this population or even if there is a problem in this population.

The statements presented in the last paragraph (excluding the last sentence) seem completely unrelated to the subject suggested by the title.

I laud efforts by those who encourage bicyclists (of all ages) to wear protective head gear and congratulate Bell Helmet, Inc, Norwalk, Calif, for designing and producing helmets for infants and small children, but I think that statistics presented to support a claim in medical literature should be related to that claim.

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REFERENCE

1. James HE, Buchta R, Stein M: A protective helmet for infants and children who accompany their parents on bicycles (Correspondence). *West J Med* 1985 Mar; 142:403

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Dr James Replies

TO THE EDITOR: We take note of the correspondence of Dr Michael T. Long in reference to the conclusions of the information on protective helmets for infants and children. Dr Long correctly points out that we did not break down the percentage of bicycle riders that are children. It would be very advantageous to have these data, but they are not available to my knowledge. I also wholeheartedly agree that it would be more appropriate to include statistics on the subgroups of the various populations and the types of injuries suffered. Unfortunately, once more, the data are not available.

We do know that the most common cause of hospital admission and the largest expense of health care in pediatrics is trauma. The thrust of our presentation was to make the primary care physicians caring for children (and the families who request the care) aware that there is a protective device for a child's cranium that was not previously available.

I wish to laud the efforts of two concerned pediatricians, Dr Buchta and Dr Stein, in cooperating with us and with the manufacturer in trying to make the general population and physicians aware that this is one preventive element within their reach. As always, in trauma, prevention should be our major objective.

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The True Role of Physicians

TO THE EDITOR: I wish to commend you for your editorial comments in both the February and March issues.¹⁻³ Your remarks present, I believe, a perspective from which we can take a broader view of our obligations to our patients and to society. Further and properly, I submit, your remarks aim beyond our one-on-one physician-patient relationships and have broad bioethical implications that potentially could not only dispel the "stereotype" of organized medicine but also contribute to efforts toward a safer, peaceful planet. This will not be an easy task, for despite the AMA survey that you reported, my own experience over the years convinces me that the self-serving image of professional associations is a widely perceived one. However, I feel very strongly that the effort will be worthwhile, and that at this particular moment it is much needed. As you so correctly point out, "real power" does not lie with organized medicine, but with society. Despite pressures from government, the media and special interests, if we fulfill our obligations to provide high quality care that is accessible to all, and affordable, then society, the